

PAYMENT DISPOSITION FORM

State of New Mexico

Department of Finance & Administration

Employee ID (FROM PEOPLESOFT)

Agency Name

Employee Name

DISBURSEMENT TYPE

☐ CHECK (C)

☐ DIRECT DEPOSIT

(D) non-NACHA

(A) NACHA

ACCOUNT TYPE

☐ SAVINGS (S)

☐ CHECKING (C)

EFFECTIVE DATE

NET PAY DIRECT DEPOSIT DATA

Enter your Financial Institution ID number and Account Number

Financial Institution Name

Financial Institution Routing Number

Bank Account Number

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE CREDIT ENTRIES IF NECESSARY DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES TO MY (OUR) CHECKING AND/OR SAVING ACCOUNT(S) INDICATED AND THE DEPOSITORIES NAMED, EACH HEREAFTER CALLED DEPOSITORY, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT(S).

DATE:

SIGNED:

ADDITIONAL DIRECT DEPOSIT DATA

GTN	DESC	ROUTING NUMBER	TYPE	ACCOUNT NUMBER	AMOUNT OR %
181	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
182	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
183	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
184	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
185	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>